

## PART B - FEE(S) TRANSMITTAL

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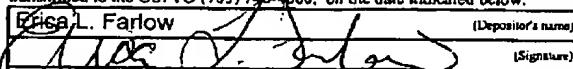
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28875 7590 06/10/2005  
**Zilka-Kotab, PC**  
**P.O. BOX 721120**  
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Erica L. Farlow (Depositor's name)  
  
June 22, 2005 (Date)

06/23/2005 FFANAIAS 00000128 501351 09916599

01 FC:1501 1400.00 DA

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/916,599	07/26/2001	Anton C. Rothwell	NA1IP022A 1.106.01	8712

TITLE OF INVENTION: INTELLIGENT SPAM DETECTION SYSTEM USING STATISTICAL ANALYSIS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	09/12/2005
EXAMINER		ART UNIT	CLASS-SUBCLASS		
NAJJAR, SALEH		2155	709-206000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Zilka-Kotab, PC  
 Christopher J. Hamaty  
 3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Networks Associates Technology, Inc.

Santa Clara, California

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are enclosed:

Issue Fee  
 Publication Fee (No small entity discount permitted)  
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A check in the amount of the fee(s) is enclosed.  
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-1351 (enclose an extra copy of this form). Order No. NAI1P022

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). NAI1P022

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Authorized Signature \_\_\_\_\_

Date June 22, 2005

Typed or printed name Kevin J. Zilka

Registration No. 41,429

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**FAX COVER SHEET**

Date:	June 22, 2005	Phone Number
To:	Issue Fee Division, USPTO (703) 746-4000	
From:	Kevin J. Zilka	

Docket No.: NAIJP022/01.106.01

**App. No: 09/916,599**

Total Number of Pages Being Transmitted, Including Cover Sheet: 03

**Message:**

Please deliver to the Issue Fee Division.

Thank you.

Kevin J. Zilka

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June 22, 2005